MOHAVE COUNTY JUSTICE COURTS, STATE OF ARIZONA

SELECT A COURT FROM THE DROP DOWN ARROW AT RIGHT >>>>

Name of Person Filing Document: _____
Your Address: _____
Your City, State, and Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Attorney E-mail Address: _____
Representing ☐ Self (Without an Attorney) OR
☐ Attorney for ☐ Petitioner ☐ Respondent

_____
Name of Petitioner/Plaintiff

Case Number:_____

APPLICATION FOR DEFERRAL OR WAIVER OF SERVICE OF PROCESS FEE FOR INJUNCTIONS AGAINST HARASSMENT AND CONSENT TO ENTRY OF JUDGMENT

_____
Name of Respondent/Defendant

STATE OF ARIZONA)
COUNTY OF Mohave **) ss.**

Notice. A Fee Deferral is only a temporary postponement of the payment of the fees due. You may be required to make payments depending on your income. A Fee Waiver is usually permanent unless your financial circumstances change during the pendency of this court action.

I am requesting a deferral/waiver of the fee for service of process by a sheriff, marshal, constable or law enforcement agency. I understand that if I request deferral or waiver because I am a participant in a government assistance program, I am required to provide proof at the time of filing. The document(s) submitted must show my name as the recipient of the benefit and the name of the agency awarding the benefit**. Note. All other applicants must complete the financial questionnaire beginning at section 3. If you are a participant in one of the programs in section 1 or 2 (below), you do not need to complete the financial questionnaire, and can proceed to the signature page.**

1. ☐ **DEFERRAL:** I receive government assistance from the state or federal program marked below or am represented by a not for profit legal aid program:

- ☐ Temporary Assistance to Needy Families (TANF)
- ☐ Food Stamps
- ☐ Legal Aid Services

2. ☐ **WAIVER:**

- ☐ I receive government assistance from the federal Supplemental Security Income (SSI) program.

3. FINANCIAL QUESTIONNAIRE

SUPPORT RESPONSIBILITIES: List all persons you support (including those you pay child support and/or spousal maintenance/support for):

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

STATEMENT OF INCOME AND EXPENSES

Employer name:_____

Employer phone number: _____

☐ I am unemployed (explain)**:** _____

_____

My prior year's gross income: $_____

MONTHLY INCOME

My total monthly gross income: $_____

My spouse's monthly gross income (if available to me): $_____

Other current monthly income, including spousal maintenance/support, retirement, rental, interest, pensions, and lottery winnings: $_____

TOTAL MONTHLY INCOME $ 0.00

MONTHLY EXPENSES AND DEBTS: My monthly expenses and debts are:

		PAYMENT AMOUNT	LOAN BALANCE
	Rent/Mortgage payment	$ _____	$_____
	Car payment	$_____	$_____
	Credit card payments	$_____	$_____
Explain:	Other payments & debts	$_____	$_____
	Household	$_____	
	Utilities/Telephone/Cable	$ _____	
	Medical/Dental/Drugs	$_____	
	Health insurance	$_____	
	Nursing care	$_____	
	Tuition	$_____	
	Child support	$_____	
	Child care	$_____	
	Spousal maintenance	$_____	
	Car insurance	$_____	
	Transportation	$_____	
	Other expenses (explain)	$_____	

_____

TOTAL MONTHLY EXPENSES $ 0.00

STATEMENT OF ASSETS: List only those assets available to you and accessible without financial penalty.

	ESTIMATED VALUE
Cash and bank accounts	$_____
Credit union accounts	$_____
Other liquid assets	$_____
TOTAL ASSETS	$ 0.00

The basis for the request is:

4. ☐ **DEFERRAL:**

A. ☐ My income is insufficient or is barely sufficient to meet the daily essentials of life, and includes no allotment that could be budgeted for the fees and costs that are required to gain access to the court. My gross income as computed on a monthly basis is 150% or less of the current federal poverty level. (Note: Gross monthly income includes your share of community property income if available to you.)

OR

B. ☐ I do not have the money to pay court filing fees and/or costs now. I can pay the filing fees and/or costs at a later date. **Explain.**

_____

_____

OR

C. ☐ My income is greater than 150% of the poverty level, but have proof of extraordinary expenses (including medical expenses and costs of care for elderly or disabled family members) or other expenses that reduce my gross monthly income to 150% or below the poverty level.

DESCRIPTION OF EXPENSES	AMOUNT
_____	$_____
_____	$_____
_____	$_____
TOTAL EXTRAORDINARY EXPENSES	$ 0.00

5. ☐ **WAIVER:**

I am permanently unable to pay. My income and liquid assets are insufficient or barely sufficient to meet the daily essentials of life and are unlikely to change in the foreseeable future.

IMPORTANT

This *"Application for Deferral or Waiver of Service of Process for Injunctions against Harassment"* includes a *"Consent to Entry of Judgment."* By signing this Consent, you agree a judgment may be entered against you for all fees and costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment. At the conclusion of the case you will receive a *Notice of Court Fees and Costs Due* indicating how much is owed and what steps you must take to avoid a judgment against you if you are still participating in a qualifying program. You may be ordered to repay any amounts that were waived if the court finds you were not eligible for the fee deferral or waiver. If your case is dismissed for any reason, the fees and costs are still due.

CONSENT TO ENTRY OF JUDGMENT. By signing this Application, I agree that a judgment may be entered against me for all fees or costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment.

Clear Form

Print Form

OATH OR AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

Date	Signature
	Applicant's Printed Name
Date	Judicial Officer, Deputy Clerk or Notary Public
My Commission Expires/Seal:	